MILWAUKEE PROTESTANT HOME/AGED HEALTH CENTER

2449 NORTH DOWNER AVENUE

MILWAUKEE 53211 Phone: (414) 963-8414 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 47 No Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care			ું	Age Groups	%	Less Than 1 Year	43.3
Supp. Home Care-Personal Care	No					1 - 4 Years	43.3
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	3.3	More Than 4 Years	13.3
Day Services	No	Mental Illness (Org./Psy)	26.7	65 - 74	3.3		
Respite Care	No	Mental Illness (Other)	3.3	75 - 84	20.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.7	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	26.7	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	6.7		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	16.7	65 & Over	96.7		
Transportation	No	Cerebrovascular	3.3			RNs	16.1
Referral Service	No	Diabetes	6.7	Sex	용	LPNs	4.6
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	36.7	Male	16.7	Aides, & Orderlies	38.9
Mentally Ill	No			Female	83.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare itle 18		_	dicaid tle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	30	100.0	180	0	0.0	0	0	0.0	0	30	100.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		0	0.0		0	0.0		30	100.0		0	0.0		0	0.0		30	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	14.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		56.7	43.3	30
Other Nursing Homes	18.5	Dressing	30.0		26.7	43.3	30
Acute Care Hospitals	14.8	Transferring	50.0		20.0	30.0	30
Psych. HospMR/DD Facilities	3.7	Toilet Use	36.7		30.0	33.3	30
Rehabilitation Hospitals	0.0		70.0			23.3	30
Other Locations	48.1	*******	******	*****	*****	*****	******
Total Number of Admissions	27	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.3	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	33.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	16.7	Occ/Freq. Incontiner	nt of Bowel	3.3	Receiving Suct	ioning	0.0
Other Nursing Homes	4.2	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	25.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	4.2	Physically Restraine	ed	10.0	Receiving Mech	anically Altered Diet	s 23.3
Rehabilitation Hospitals	0.0				, and the second	-	
Other Locations	25.0	Skin Care			Other Resident C	haracteristics	
Deaths	25.0	With Pressure Sores		3.3	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	24				Receiving Psyc	hoactive Drugs	66.7

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Nonprofit		Und	er 50	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	96	90	Ratio	90	Ratio	90	Ratio	90	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	63.8	85.6	0.75	71.9	0.89	84.2	0.76	85.1	0.75		
Current Residents from In-County	100	88.1	1.14	77.5	1.29	85.3	1.17	76.6	1.30		
Admissions from In-County, Still Residing	48.1	23.6	2.04	30.6	1.57	21.0	2.29	20.3	2.37		
Admissions/Average Daily Census	90.0	134.2	0.67	106.0	0.85	153.9	0.58	133.4	0.67		
Discharges/Average Daily Census	80.0	140.2	0.57	100.7	0.79	156.0	0.51	135.3	0.59		
Discharges To Private Residence/Average Daily Census	13.3	46.8	0.28	15.9	0.84	56.3	0.24	56.6	0.24		
Residents Receiving Skilled Care	0.0	90.1	0.00	69.5	0.00	91.6	0.00	86.3	0.00		
Residents Aged 65 and Older	96.7	96.3	1.00	90.1	1.07	91.5	1.06	87.7	1.10		
Title 19 (Medicaid) Funded Residents	0.0	52.8	0.00	60.3	0.00	60.8	0.00	67.5	0.00		
Private Pay Funded Residents	100	34.8	2.87	37.1	2.70	23.4	4.27	21.0	4.75		
Developmentally Disabled Residents	0.0	0.6	0.00	0.0	•	0.8	0.00	7.1	0.00		
Mentally Ill Residents	30.0	35.2	0.85	41.1	0.73	32.8	0.92	33.3	0.90		
General Medical Service Residents	36.7	23.7	1.55	19.9	1.85	23.3	1.58	20.5	1.79		
Impaired ADL (Mean)	49.3	50.5	0.98	48.7	1.01	51.0	0.97	49.3	1.00		
Psychological Problems	66.7	54.7	1.22	56.3	1.18	53.9	1.24	54.0	1.23		
Nursing Care Required (Mean)	3.3	7.2	0.46	6.7	0.50	7.2	0.46	7.2	0.46		